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| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |   | Application No.        | 10/815,607                       |
|  |   | Filing Date            | March 31, 2004                   |
|  |   | First Named Inventor   | James Christopher Matayabas, Jr. |
|  |   | Art Unit               | 1714                             |
|  |   | Examiner Name          | Not yet assigned                 |
| Total Number of Pages in This Submission   | 5 | Attorney Docket Number | 42P18765                         |

| ENCLOSURES (check all that apply)   |   |  |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input checked="" type="checkbox"/> PTO/SB/08<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Basic Filing Fee<br><input type="checkbox"/> Declaration/POA<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;">First Class Certificate, the stamped return postcard and a copy of one (1) of the references cited.</div> |
| Remarks   |   |  |

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| Firm or Individual name                    | Brent E. Vecchia, Reg. No. 48,011, Reg. No. 48,011<br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature                                  | <i>Brent E Vecchia</i>   |
| Date                                       | 4-19-05  |

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| Typed or printed name   | Krista Mathieson        |
| Signature   | <i>Krista Mathieson</i> |
| Date  | April 19, 2005          |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re the Application of:

JAMES CHRISTOPHER MATAYABAS, JR., ET AL.

Art Group: 1714

Application No.: 10/815,607

Examiner: Not yet assigned

Filed: March 31, 2004

For: **Liquid-Crystalline Epoxy Resins**

**INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97**

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In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed). This IDS and IDS Citation Form are being submitted before the mailing of a first Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Please charge any fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: 4-19-05

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Krista Mathieson April 19, 2005  
Krista Mathieson Date



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**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**  
*(use as many sheets as necessary)*

Complete if Known

Application Number10/815,607

Filing DateMarch 31, 2004

First Named InventorJames Christopher Matayabas,

Art Unit1714

Examiner NameNot yet assigned

Attorney Docket Number42P18765

Sheet1

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| U.S. PATENT DOCUMENTS |                       |  |   |   |   |
|-----------------------|-----------------------|--|---|---|---|
| Examiner Initials*    | Cite No. <sup>1</sup> | Document Number                            | Publication Date or Issue Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
|                       |                       | Number - Kind Code <sup>2</sup> (if known) |   |   |   |
|                       |                       | US-5,182,394                               | 01-26-1993                                | Kim   |   |
|                       |                       | US-5,578,660                               | 11-26-1996                                | Fujita et al.                                   |   |
|                       |                       | US-5,780,145                               | 07-14-1998                                | Hirano et al.                                   |   |
|                       |                       | US-5,939,473                               | 08-17-1999                                | Hirano et al.                                   |   |
|                       |                       | US-6,338,902                               | 01-15-2002                                | Hsu et al.                                      |   |
|                       |                       | US-6,702,955                               | 03-09-2004                                | Murakami, et al.                                |   |
|                       |                       | US-  |   |   |   |
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| FOREIGN PATENT DOCUMENTS |                       |   |                             |   |   |    |
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| Examiner Initials*       | Cite No. <sup>1</sup> | Foreign Patent Document   | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T* |
|                          |                       | Country Code <sup>2</sup> - Number <sup>2</sup> - Kind Code <sup>2</sup> (if known) |                             |   |   |    |
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Examiner Signature

Date Considered

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<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language translation is attached.

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